

Section 5 - HIGH MOOD

Statement

Now I'd like to ask you about OTHER moods and related experiences you may have had.

1.	In your ENTIRE LIFE, have you ever had a time lasting at least 1 week when you felt so extremely excited, elated or hyper that other people thought you weren't your normal self?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2.	In your ENTIRE LIFE, have you ever had a time lasting at least 1 week when you felt so extremely excited, elated or hyper that other people were concerned about you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3.	In your ENTIRE LIFE, have you ever had a time lasting a least 1 week when you were so irritable or easily annoyed that you would shout at people, throw or break things, or start fights or arguments?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 5.1	Is at least 1 item marked "Yes" in 1 - 3?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Section 6, page 82
6a.	<p>The next few questions are about experiences many people have had when they felt extremely (excited, elated or hyper/irritable or easily annoyed).</p> <p>During that time when (you were the most excited, elated or hyper/you felt the most irritable or easily annoyed), did you . . . (Repeat entire phrase frequently)</p>	b.
(1)	Need much less sleep than usual?	1 <input type="checkbox"/> Yes - Mark Box E1 2 <input type="checkbox"/> No - Go to next experience
(2)	Find you were more talkative than usual?	1 <input type="checkbox"/> Yes - Mark Box E2 2 <input type="checkbox"/> No - Go to next experience
(3)	Talk so fast that people had trouble understanding you or couldn't get a word in edgewise?	1 <input type="checkbox"/> Yes - Mark Box E2 2 <input type="checkbox"/> No - Go to next experience
(4)	Have trouble concentrating because little things going on around you easily got you off track?	1 <input type="checkbox"/> Yes - Mark Box E3 2 <input type="checkbox"/> No - Go to next experience
(5)	Find that your thoughts raced so fast that you couldn't keep track of them?	1 <input type="checkbox"/> Yes - Mark Box E4 2 <input type="checkbox"/> No - Go to next experience
(6)	Find that your thoughts raced so fast that it was hard to follow your own thoughts?	1 <input type="checkbox"/> Yes - Mark Box E4 2 <input type="checkbox"/> No - Go to next experience
(7)	Feel so restless that you fidgeted, paced, or couldn't sit still?	1 <input type="checkbox"/> Yes - Mark Box E5 2 <input type="checkbox"/> No - Go to next experience
(8)	Become more active than usual, at work, at home, or in pursuing other interests?	1 <input type="checkbox"/> Yes - Mark Box E5 2 <input type="checkbox"/> No - Go to next experience
(9)	Become more sexually active than usual or have sex with people you normally wouldn't be interested in?	1 <input type="checkbox"/> Yes - Mark Box E5 2 <input type="checkbox"/> No - Go to next experience
(10)	Become so physically restless that it made you uncomfortable?	1 <input type="checkbox"/> Yes - Mark Box E5 2 <input type="checkbox"/> No - Go to next experience, page 77

Section 5 – HIGH MOOD (Continued)

6a. During that time when (you were the most excited, elated or hyper/you felt the most irritable or easily annoyed), did you . . . <i>(Repeat entire phrase frequently)</i>		b.
(11) Do anything unusual that could have gotten you into trouble - like buying things you couldn't afford or didn't need, making foolish decisions about money, or driving recklessly?	1 <input type="checkbox"/> Yes - Mark Box E6 2 <input type="checkbox"/> No - Go to next experience	Box 1 <input type="checkbox"/> E6
(12) Do anything that you later regretted - like spending time with people you normally wouldn't be interested in?	1 <input type="checkbox"/> Yes - Mark Box E6 2 <input type="checkbox"/> No - Go to next experience	
(13) Feel that you were an unusually important person or that you had special gifts, powers, or abilities to do things that most other people couldn't do?	1 <input type="checkbox"/> Yes - Mark Box E7 2 <input type="checkbox"/> No - Go to Check Item 5.3	Box 1 <input type="checkbox"/> E7
CHECK ITEM 5.3	Are at least 3 boxes marked for E1 - E7 in 6, column b?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Section 6, page 82
7a. Now I'd like to ask you about some things that might have happened to you during that time when (you were the most excited, elated or hyper/you felt the most irritable or easily annoyed) for at least 1 week and when you had some of the other experiences you just mentioned. During that time. . .		
(1) Were you uncomfortable or upset by feeling extremely (excited, elated or hyper/irritable or easily annoyed) or by any of those other experiences?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(2) Did you have any serious problems getting along with other people - like arguing with your friends, family, people at work or anyone else?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(3) Did you have any serious problems doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(4) Did you have trouble getting things done?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(5) Did you have any legal trouble - like being arrested, held at the police station or put in jail?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
8b. About how old were you the FIRST time you BEGAN to feel extremely (excited, elated or hyper/irritable or easily annoyed) for at least 1 week and when you also had some of the other experiences you just mentioned? <i>Refer to other experiences marked "Yes" in 6a(1)-(13) and 7(1)-(5), pages 76 - 77, if necessary.</i>		_____ Age
CHECK ITEM 5.4	Is respondent's age in 8b within 1 year of his/her present age or is present age or 8b unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9
8c. Did this FIRST time BEGIN to happen during the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9. In your ENTIRE LIFE, how many SEPARATE times lasting at least 1 week were there when you felt extremely (excited, elated or hyper/irritable or easily annoyed) and when you also had some of the other experiences you mentioned? By separate times, I mean times separated by at least 2 months when your mood was back to normal, AND you DIDN'T have ANY of the OTHER experiences you mentioned.		_____ Number
CHECK ITEM 5.5	Is number in 9, 2 or more or unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 11e, page 78

Section 5 - HIGH MOOD (Continued)

10a. How old were you the MOST RECENT time when you felt extremely (excited, elated or hyper/irritable or easily annoyed) and you also had some of those other experiences?		_____ Age
CHECK ITEM 5.6A	Is respondent’s age in 10a within 1 year of his/her present age or is present age or 10a unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
10b. Did this MOST RECENT time BEGIN to happen during the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
11a. How long did this MOST RECENT time last when you felt extremely (excited, elated or hyper/irritable or easily annoyed)? <i>(Must be at least 1 week)</i>		_____ Week(s) OR _____ Month(s) OR _____ Year(s)
b. Since this MOST RECENT time BEGAN, have there been at least 2 months when your mood was back to normal AND you DIDN’T have ANY of the OTHER experiences you mentioned?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11d</i>
CHECK ITEM 5.6B	Is 10b marked “Yes”?	1 <input type="checkbox"/> Yes - <i>SKIP to 11d</i> 2 <input type="checkbox"/> No
11c. Did this MOST RECENT time when your mood was back to normal BEGIN to happen in the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. In your ENTIRE LIFE, what was the LONGEST time that you’ve had when you felt extremely (excited, elated or hyper/irritable or easily annoyed)? <i>(Must be at least 1 week)</i>		_____ Week(s) OR _____ Month(s) OR _____ Year(s) } <i>SKIP to Check Item 5.7</i>
e. How long did that time last when you felt extremely (excited, elated or hyper/irritable or easily annoyed)? <i>(Must be at least 1 week)</i>		_____ Week(s) OR _____ Month(s) OR _____ Year(s)
f. Since that time BEGAN, have there been at least 2 months when your mood was back to normal AND you DIDN’T have ANY of the OTHER experiences that you mentioned?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.7</i>
CHECK ITEM 5.6C	Is 8c marked ”Yes”?	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 5.7</i> 2 <input type="checkbox"/> No
11g. Did this time when your mood was back to normal BEGIN to happen in the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 5.7	<i>Refer to Check Item 2.0, Section 2A, page 9.</i> Is respondent a lifetime abstainer of alcohol?	1 <input type="checkbox"/> Yes - <i>SKIP to 14</i> 2 <input type="checkbox"/> No
12. Did (that time/ANY of those times) when you felt extremely (excited, elated or hyper/irritable or easily annoyed) BEGIN to happen AFTER you were drinking heavily or a lot more than usual?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14</i>
13. Did (that time/ANY of those times) when you felt extremely (excited, elated or hyper/irritable or easily annoyed) BEGIN to happen DURING a period when you were experiencing the bad aftereffects of drinking?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
14. Did (that time/ANY of those times) when you felt extremely (excited, elated or hyper/irritable or easily annoyed) BEGIN to happen AFTER using a medicine or drug?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.8</i>
15. Did (that time/ANY of those times) when you felt extremely (excited, elated or hyper/irritable or easily annoyed) BEGIN to happen DURING a period when you were experiencing the bad aftereffects of a medicine or drug?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 5.8	Is at least 1 item marked “Yes” in 12, 13, 14 OR 15?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17, page 80</i>
CHECK ITEM 5.9	Is Check Item 5.5 marked “No”?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.10A, page 79</i>

Section 5 - HIGH MOOD (Continued)

16a.	During that time, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17, page 80</i>
b.	Did you CONTINUE to feel extremely (excited, elated or hyper/irritable or easily annoyed) for at least 1 month AFTER you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 17, page 80</i>
CHECK ITEM 5.10A	Is 8c marked “Yes” or 10b marked “Yes” or 11c marked “Yes” or 11b marked “No”?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.10B</i>
16c.	Did ANY of the times when you felt extremely (excited, elated or hyper/irritable or easily annoyed) in the last 12 months BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.10B</i>
d.	Did they ALL BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e.	During ANY of those times in the last 12 months when you felt extremely (excited, elated or hyper/irritable or easily annoyed) after (drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.10B</i>
f.	During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g.	Did you CONTINUE to feel extremely (excited, elated or hyper/irritable or easily annoyed) for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.10B</i>
h.	Did you CONTINUE to feel extremely (excited, elated or hyper/irritable or easily annoyed) for at least 1 month after ALL of those times?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 5.10B	Is 8c marked “Yes”?	1 <input type="checkbox"/> Yes - <i>SKIP to 17, page 80</i> 2 <input type="checkbox"/> No
16i.	Did ANY of the times when you felt extremely (excited, elated or hyper/irritable or easily annoyed) BEFORE 12 months ago BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17, page 80</i>
j.	Did they ALL BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k.	During ANY of those times BEFORE 12 months ago when you felt extremely (excited, elated or hyper/irritable or easily annoyed) after (drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17, page 80</i>
l.	During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
m.	Did you CONTINUE to feel extremely (excited, elated or hyper/irritable or easily annoyed) for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17, page 80</i>

Section 5 - HIGH MOOD (Continued)		
16n. Did you CONTINUE to feel extremely (excited, elated or hyper/irritable or easily annoyed) for at least 1 month after ALL of those times?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
17. Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any person like that to calm down or feel better when you felt extremely (excited, elated or hyper/irritable or easily annoyed)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
18a. Were you a patient in the hospital for at least 1 night because you felt extremely (excited, elated or hyper/irritable or easily annoyed)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Did you EVER go to an emergency room for help at any time when you felt extremely (excited, elated or hyper/irritable or easily annoyed)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
19. Did a doctor EVER prescribe any medicines or drugs to help you calm down or feel better?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 5.11	Is at least 1 item marked “Yes” in 17 - 19?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.11A</i>
20a. About how old were you the FIRST time you went anywhere or saw anyone to get help for feeling extremely (excited, elated or hyper/irritable or easily annoyed)?		_____ Age
b. How old were you the MOST RECENT time you went anywhere or saw anyone to get help for feeling extremely (excited, elated or hyper/irritable or easily annoyed)?		_____ Age OR 0 <input type="checkbox"/> Happened only once
CHECK ITEM 5.11A	Refer to Check Item 2.0, Section 2A, page 9.	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 5.11B</i> 2 <input type="checkbox"/> No
Is the respondent a lifetime abstainer of alcohol?		
21a. Did you EVER drink alcohol to calm down or to feel better when you felt extremely (excited, elated or hyper/irritable or easily annoyed)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.11B</i>
b. Did this happen during the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.11B</i>
c. Did this happen before 12 months ago, that is, before last (Month one year ago)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 5.11B	Refer to Check Item 3.10, Section 3B, page 39.	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 5.12</i> 2 <input type="checkbox"/> No
Is the respondent a lifetime non-drug user?		
22a. Did you EVER take any medicines or drugs ON YOUR OWN, that is, without a prescription, in greater amounts, or more often or longer than prescribed, to help calm down or feel better when you felt extremely (excited, elated or hyper/irritable or easily annoyed)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.12</i>
b. Did this happen during the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.12</i>
c. Did this happen before 12 months ago, that is, before last (Month one year ago)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 5.12	Is Check Item 5.5 marked “No”?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.13A</i>
23a. Did that time when you felt extremely (excited, elated or hyper/irritable or easily annoyed) BEGIN to happen DURING a time when you were physically ill or getting over being ill?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 24a, page 81</i>
b. Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 24a, page 81</i>
CHECK ITEM 5.13A	Is 8c marked “Yes” or 10b marked “Yes” or 11c marked “Yes” or 11b marked “No”?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.13B, page 81</i>

Section 5 - HIGH MOOD (Continued)

23c.	Did ANY of the times when you felt extremely (excited, elated or hyper/irritable or easily annoyed) in the last 12 months BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.13B</i>
d.	Did ALL of those times when you felt extremely (excited, elated or hyper/irritable or easily annoyed) in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 23f</i>
e.	Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 5.13B</i> 2 <input type="checkbox"/> No
f.	Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 5.13B	Is 8c marked “Yes”?	1 <input type="checkbox"/> Yes - <i>SKIP to 24a</i> 2 <input type="checkbox"/> No
23g.	Did ANY of the times BEFORE 12 months ago when you felt extremely (excited, elated or hyper/irritable easily annoyed) BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 24a</i>
h.	Did ALL of those times BEFORE 12 months ago when you felt extremely (excited, elated or hyper/irritable or easily annoyed) ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 23j</i>
i.	Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes - <i>SKIP to 24a</i> 2 <input type="checkbox"/> No
j.	Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
24a.	During (that time/ANY of those times) when you felt extremely (excited, elated, or hyper/irritable or easily annoyed), did you ever have a period lasting at least 1 week when you went back and forth between feeling extremely (excited, elated or hyper/irritable or easily annoyed) and feeling sad, blue, depressed or down or not caring about things or enjoying things?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 6, page 82</i>
b.	During ALL of those times, did you have periods lasting at least 1 week when you went back and forth between feeling (excited, elated or hyper/irritable or easily annoyed) and feeling sad, blue, depressed or down or not caring about things or enjoying things?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>Go to Section 6, page 82</i>